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FM AMEMBASSY ASHGABAT
TO RUEHC/SECSTATE WASHDC 3839
INFO RUCNCIS/CIS COLLECTIVE
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RUCNCLS/ALL SOUTH AND CENTRAL ASIA COLLECTIVE
RUEHAK/AMEMBASSY ANKARA 5947
RUEHBJ/AMEMBASSY BEIJING 3643
RUEHKO/AMEMBASSY TOKYO 3502
RUEHAST/AMCONSUL ALMATY 5560
RUEHIT/AMCONSUL ISTANBUL 4189
RHMCSUU/CDR USCENCOM MACDILL AFB FL
RHEHNSC/NSC WASHDC
RUEAIIA/CIA WASHDC
RHEFDIA/DIA WASHDC
RUEKJCS/JOINT STAFF WASHDC
RUEKJCS/SECDEF WASHDC

UNCLAS SECTION 01 OF 02 ASHGABAT 001551

SENSITIVE

SIPDIS

STATE FOR SCA/CEN, EUR/ACE, F, OES/IHB
AID/W FOR EE/EA

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TAGS: [PGOV](#) [PREL](#) [EAID](#) [EINV](#) [TBIO](#) [SOCI](#) [TX](#)

SUBJECT: TURKMENISTAN: DOCTORS WITHOUT BORDERS ANNOUNCES
PLANS TO CLOSE OPERATIONS

REF: A) ASHGABAT 1400; B) 07 ASHGABAT 1285

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11. (U) Sensitive but unclassified. Not for public Internet.

12. (SBU) SUMMARY: On November 23, USAID received a letter dated November 19 from Head of Mission-Turkmenistan for Medecins sans Frontieres (MSF) announcing its intentions to end its operational presence in Turkmenistan. MSF had been negotiating the terms of a proposed program to address multi-drug resistant tuberculosis (MDR-TB) for the last 17 months, but could not reach agreement with the Ministry of Healthcare and Medical Industry. As one of the only non-governmental organizations working in Turkmenistan with independent funding, its departure represents a loss for the country's small humanitarian assistance community. END SUMMARY

PIONEER IN INTERNATIONAL TB TREATMENT APPROACHES

13. (SBU) Beginning in 1999, MSF in cooperation with the Ministry of Healthcare and Medical Industry (MOHMI) introduced the World Health Organization-recommended Directly Observed Treatment, Short-Course (DOTS) strategy of TB treatment in Turkmenistan. The pilot program in Dashoguz was the first in the country to introduce internationally recognized standards for TB care. MSF turned the pilot over to the MOHMI in 2003. Other international organizations -- including the U.S. Government through USAID -- provided continued support in additional pilot sites, which led to the MOHMI's national roll-out of DOTS in 2007. (Refs A and B)

14. (SBU) Beginning in 2004, MSF supported the district hospital in Magdanly (Lebap province). Activities concentrated on improvement of maternal and child health services in one hospital, with an accent on child delivery and care after birth. This program closed

September 2009. (COMMENT: The MOHMI reportedly had concerns with MSF's approach in Magdanly because the implemented approaches contradicted national standards, which put the doctors in a difficult position. END COMMENT)

NO PROGRESS WITH MINISTRY OF HEALTH ON MDR-TB

15. (SBU) The text of MSF's November 19 letter stated in part:

QUOTE

It had been MSF's intention to continue its cooperation with the Ministry of Health and to introduce treatment for multi-drug resistant Tuberculosis (MDR-TB). MSF has been negotiating the terms of such a programme for the last 17 months but unfortunately no agreement could be reached. MSF will continue to discuss further cooperation with the Government of Turkmenistan until 15th December and if there was no positive result MSF regional representatives will resume discussions in the coming year. Unfortunately as a consequence of the lack of progress in negotiations MSF will have to dismiss our local staff members as we cannot offer further employment unless a breakthrough in our discussions with the MOHMI can be achieved until November 30th. This unfortunately appears to be unlikely.

END QUOTE

16. (SBU) In a November 25 meeting with MSF's Humanitarian Affairs Advisor Mark Walsh, post learned that MSF was formally advised 2 weeks ago that the MOHMI was only willing to cooperate on technical support and

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training on laboratory supply, rather than on broader MDR-TB challenges. He stressed that MSF still wants to be involved in treatment programs. (COMMENT: Direct, hands-on involvement in treatment is not something the ministry is prepared to cede to international organizations at this time. Instead, it prefers to work with international organizations to prepare its specialists to carry out work based on international standards themselves. END COMMENT) In spite of the lack of ongoing operations, MSF plans to keep its registration and will continue to seek opportunities to engage.

17. (SBU) COMMENT: The decision by MSF to close its operations in Turkmenistan is not surprising. Both local staff and visiting delegations actively engaged with MOHMI over the past year -- to no avail -- and routinely met with USAID and other international organizations during these visits to discuss possible areas of engagement. USAID staff learned previously from local MSF staff that MSF had proposed to MOHMI to create an MDR-TB reference laboratory for diagnostics at the district level. The MOHMI opposed this idea because it contradicted existing TB service structures, under which a district level laboratory should not exceed the capabilities of the national facility. Furthermore, the number of patients needing MDR-TB diagnostics in any pilot district would be considerably less than at the national level. Therefore, the creation of a site of excellence for diagnostics for such a small size population was considered inappropriate by local government.

18. (SBU) COMMENT CONTINUED: In the end, a rigid insistence on direct involvement in treatment, combined with a failure to accurately assess local attitudes and expectations contributed to MSF's failure to reach agreement with MOHMI. That said, as one of the only non-governmental organizations working in Turkmenistan with independent funding, MSF's departure represents a loss for the already small international development

community. END COMMENT.

ECKSTROM